	-	Complete if Known				
FEE TRANSMITTAL for FY 2007		Application Number 10/525,297				
		Filing Date 02/15/2005				
		First Named Inventor	Im			
		Examiner Name	Bac H. Aau			
Applicant claims small entity status. See 37 CFR 1.27		Art Unit	2822			
TOTAL AMOUNT OF PAYMENT (\$) 180		Attorney Docket No.	070050.2717			
METHOD OF PAYMENT (check all that apply)	T		_	TION (continued)		
Check Credit card Money Other None	1	ADDITIONAL FEES				
Deposit Account:	1					
Deposit O.S. 4077	<u> </u>					
Number		Surcharge - late oa	th or fil	ing fee		
Deposit Account Baker Botts L.L.P.		Non-English Speci	fication			
Name The Director is authorized to: (check all that apply)		i .				
Charge fee(s) indicated below Credit any overpayments		Extension for reply	within 1	first month		
Charge any additional fee(s) or any underpayment of fee(s) Charge fee(s) indicated below, except for the filing fee		Extension for reply	within :	second month		
to the ebove-identified deposit account.		Extension for reply	within	third month		
FEE CALCULATION	⊒⊨	i			-	
Extra Claim Fees	٦L	Extension for reply	within 1	fourth month		
Extra viain 1 000		Extension for reply	within 1	fifth month		
Extra Claims Fee Fee Paid	F	i ''				
Total Claims x 52 = \$0	쁘	Notice of Appeal				
	'∐_	Filing a brief in sup	port of	an appeal		
Independent x 220 = \$0		Petition to revive -	unavoid	iable		
Multiple = \$0	ılī	Petition to revive -	uninten	tional		
Dependent	'i =	Utility Issue Fee				
SUBTOTAL \$0		= '				
	'I⊨	Design Issue Fee				
		Publication Fee				
Fee Description Large Entity Small Entity		Petitions to the Co	mmissio	oner		
Claims in excess of 20 52 26		Request for Contin	ued Ex	amination (RCE)		
Independent claims in 230 440	一	Information Disclosure Statement (IDS) \$180				
excess of 3	ال	1				
Multiple dependent claim, 390 195		Other fee -				
if not paid	1				L	
	1			SUBTOTAL (\$)	180	
SUBMITTED BY (Complete (# applicable))						
Name (PrintType) Paul A. Ragusa		Registration No. 38,58	37	Telephone 212-408-2500		
Signature / California (Augumentalia)				Date 09/22/2009		

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

Title collection of information is required by 31 CPR. 11.7 and 12.7. This information and automation of IP U2002 of Title CPR (INTERPRED and INTERPRED AND